

Problems to present to Dr. Najarian - (Prepared May 8, 1991)

1. Is it possible now to get CDC certified as a "Medical Provider"? Is this what we should aim to do?

2. Just what should our activity be to increase the clientele in CDC? Don Stewart worked hard to undo the animosity of the outside profession occasioned by prior "Hard Sell" tactics.

A. One course open to us is to use the Scherr Lumber Company as a model. That company has about 50 employees whom the company requires to have an annual medical check-up and sees to it that those employees keep their appointments. Would you be inclined to use your contacts in the Twin Cities to engage many more companies to do the same? What about C.D. talking to groups such as ELKS or others?

B. I found out on May 9 that the VAMC runs a Women Veterans Clinic which meets each Wednesday, usually seeing about 25 women each session. I met Mrs. Linda Daninger, R.N., who is in charge of the operation. According to her, there are about 9,000 veterans in the Twin Cities area. Since the VA does not extend such care to spouses of veterans unless they themselves are veterans, and since this clinic is essentially a cancer detection clinic, these uncovered spouses should be good candidates for attention from the CDC at the University. We had a very pleasant time talking, and she would welcome my appearing there from time to time to speak with spouses who might be recruited. If only a third of the spouses were to come to us, it would fill our Wednesdays. Am exchanging information with her. I shall discuss this with Ed. Humphrey. Do I need to speak with the Chief of Staff there about this?

3. In the meantime an effort is being made to streamline the operation of the CDC office. Everything now depends upon the knowledge of individual girls there, and Stanley Williams and I are uncomfortable with not knowing all the details as yet. It is cumbersome.

A. Mr. Williams and I are working on a clear Clinic Manual which can give continuity as personnel changes.

B. At one time the CRT printer in the office reported in print results of all determinations made on CDC patients by the Hospital Laboratory Service. This is being re-instituted.

C. The same is apparently possible with X-ray studies and getting wet readings before patients leave for home. Both for X-rays and lab work, same-day reports alter relations with patients toward continuing with the University rather than getting belatedly completed studies at home.

D. We are working on using the IBM computer in the office to develop a true unit record system that will keep both the hospital records of CDC patients and of the office duplicates wholly up-to-date, including some items now recorded separately such as Hemocults and Hemoquants.

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E. The same modernization of financial activities is in process with the help of an outside consultant, whom Mr. Williams has engaged.

4. The Colorectal Cancer project of the Division of Colorectal Surgery will come to a close in about a year. Should the CDC consider development of expertise in colonoscopy as Dr. Goodale has done in gastroscopy?

5. There is a philosophical quandary emphasized by the case of Mrs. L. , whose rectal cancer was missed in CDC until the stool guaiac result occasioned communication with the home doctor. This led to her colonoscopy being done in St. Cloud rather than here. She had delayed paying for services rendered for half a year, and for that reason was not given a new appointment on schedule. By then her cancer was incurable. How can we get such patients cared for without inviting widespread procrastination in payment for services rendered?

6. In conjunction with Dr. Sam Schwartz, we are working on the Hemoccult-Hemoquant study started by Dr. Don Stewart. Remarkably few cancers have been found, but the data thus far seem to consist of comparisons of lab values from the two methods without a precise answer to the question of what the final outcome has been on each patient. This is in general true of patients with regard to finding of cancers of any type. Therefore we are trying to develop a pattern to feed into the IBM the data accumulated from the beginning. Our best selling point should be determination of the frequency with which asymptomatic tumors have been found in CDC, and today we do not know.

7. The hourly rate of pay for examining physicians in the Center is now \$30.00, as it has been since 1988. I have discussed this with Mr. Jim Coggins. He feels there is a possibility that this may be improved this summer. At present we have all board-certified examiners, the last of the uncertified having left in April.

*Mr. Defers to Jim Coggins*

8. My appointment at the Mayo Clinic has been set for July 8. I did not mention that I am an M.D. in speaking with the office there, but that office phoned back for more information and asked for "Mr. Dennis". The secretary in CDC said, "Do you mean "Dr. Dennis"? With this message, I came to speak with a Dr. Abbott, who appears to be in charge of the program. It seems the Executive Program was about to deny me without more information. I therefore explained our needs carefully. She laughed and said not to worry, that they would be careful to treat me exactly as they would any other customer.